

REFERRAL FORM

Date: _____

Call patient Patient will call

Patient Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Male Female Other

Parent/Guardian Name (if applicable): _____

Phone: _____ Email: _____

Dental Insurance: _____ Member ID: _____ No Dental Insurance

Subscriber's Name (if different) _____ DOB: _____

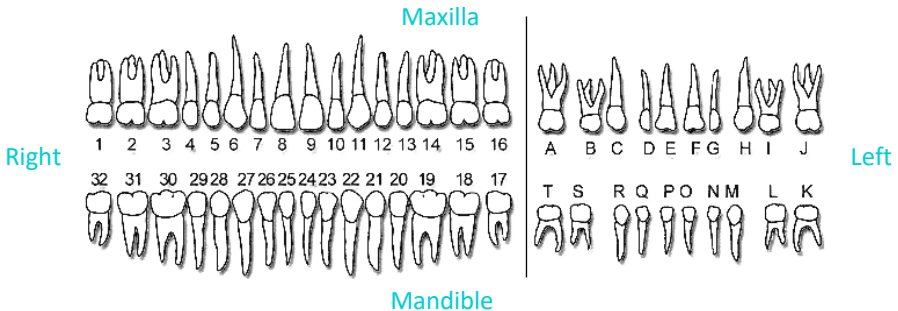
Referring Doctor Information:

Referred by Dr. _____

Phone: _____ Email: _____

Doctor: Please send the patient with a copy of this form.

Indicate Areas To Be Treated:



Circle on diagram above which tooth/teeth are to be evaluated and/or treated.

Extractions/Coronectomy

Sedation - Nitrous/Oral/IV

Dental Implant **

Bone graft/Socket Preservation

Exposure/Expose and Bond

Trauma

Incision & Drainage

Biopsy - _____

Preprosthetic procedure

3D CBCT

Other: _____

**Dental Implant System: Straumann Biomet 3i Surgical Stent: Will be provided

Radiograph/Photo:

Dated: _____ Will send x-ray via email sent with patient Need x-ray

Diagnosis/Comments/Notes: _____

Patient: Please bring this referral form, parent/guardian if under age 18, list of medications and medical conditions, any x-rays or insurance information to your appointment.

Ju Yon Sophie Yi, MD, DDS, PLLC
www.425oralsurgery.com
info@425oralsurgery.com



450 NW Gilman BLVD Suite 101
Issaquah, WA 98027
425-961-9600/fax 425-961-9601

Dental Insurance Accepted:

Aetna
Ameritas
Cigna
Careington
Delta Dental of Washington (formally known as Washington Dental Services)
Dental Health Alliance
GEHA/Connection Dental
Guardian ***Out-of-Network as of 11/8/2023***
Humana
Lifewise – Choice/Select (Part of Premera)
Lincoln Financial
Metlife
Premera Blue Cross
Principal
Regence Blue Cross Blue Shield
United Concordia
United Healthcare ***Out-of-Network as of 1/31/2023***

Please call us at 425-961-9600, if your plan is not listed. We may be in process for accepting other insurance plans.

Directions To Our Office:

Going toward I-90 East:
Exit 17 (Front Street toward East Lake Sammamish Parkway Southeast)
Turn right onto Front St N
Turn right onto NW Gilman Blvd
As soon as you pass Issaquah Post Office, turn right onto the paved driveway at the sign
“Medical Center of Issaquah”
The office is located on the first floor, parking is free

Going toward I-90 West:
Exit 17 (Front Street toward East Lake Sammamish Parkway Southeast)
Turn left onto Front St N
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Please call us at 425-961-9600, if you need directions or need to reschedule. Allow 48 hours notice if you need to reschedule. Thank y